\$EPA

POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be as-

10

300

1.4

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460. I. SITE IDENTIFICATION A. SITE NAME B. STREET (or other identifier) KAMPOTUS D. STATE F. COUNTY NAME C. CITY E. ZIP CODE TRANKLIN G. OWNER/OPERATOR (if known) 2. TELEPHONE NUMBER RESOURCE RECOVERY DUPOLAR SITE H. TYPE OF OWNERSHIP 1. FEDERAL 2. STATE 3. COUNTY 4. MUNICIPAL X5. PRIVATE 6. UNKNOWN I. SITE DESCRIPTION ACTIVE LANDFILL COMMUNICIPAL AND INDUSTRIAL WASSE J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) K. DATE IDENTIFIED (mo., day, & yr.) ECKHARDT L. PRINCIPAL STATE CONTACT 1. NAME TELEPHONE NUMBER dim MARM WA DEPT OF ELOLOGY (59) 2926 II. PRELIMINARY ASSESSMENT (complete, this section last) A. APPARENT SERIOUSNESS OF PROBLEM 2. MEDIUM X3. LOW 1. HIGH 4. NONE 5. UNKNOWN B. RECOMMENDATION 1. NO ACTION NEEDED (no hezerd) In vestigated an 2. IMMEDIATE SITE INSPECTION NEEDED 3. SITE INSPECTION NEEDED b. WILL BE PERFORMED BY: TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: 4. SITE INSPECTION NEEDED (low priority) C. PREPARER INFORMATION 2. TELEPHONE NUMBER 3. DATE (mo., day, & yr.) N. IHOMPSON (206) 442-2850 SEP 80 III. SITE INFORMATION A, SITE STATUS

1. ACTIVE (Those industrial or municipal sites which are being used 2. INACTIVE (Those 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where sites which no longer receive wastes.) no regular or continuing use of the site for waste disposal has occurred.) for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) B. IS GENERATOR ON SITE? 2. YES (specify generator's four-digit SIC Code): C. AREA OF SITE (In acres) D. IF APPARENT SERIOUSNESS OF SITE IS HIGH. SPECIFY COORDINATES 1. LATITUDE (deg .- min .- sec.) 2. LONGITUDE (deg .- min .- sec.)

1452372

1. NO

E. ARE THERE BUILDINGS ON THE SITE?

2. YES (specify):

Continued From Fron	t))	
Osamiee From Fron		IV. CHARACTERIZAT	ION OF SITE ACTI	VITY	
Indicate the major si		etails relating to each a			te boxes.
A. TRANSPO	RTER	B. STORER	C. TREA	TER X	D. DISPOSER
1. RAIL	1. PILE		1. FILTRATION	1.	LANDFILL
2. SHIP	2. SUR	FACE IMPOUNDMENT	2. INCINERATION	2.	LANDFARM
3. BARGE	3. DRU	MS	3. VOLUME REDL	CTION 3.	OPEN DUMP
4. TRUCK	4. TAN	K, ABOVE GROUND	4. RECYCLING/R	ECOVERY 4.	SURFACE IMPOUNDMENT
5. PIPELINE	S. TAN	K. BELOW GROUND	S. CHEM./PHYS.	TREATMENT 8.	MIDNIGHT DUMPING
6. OTHER (apecify)	: 6. OTH	ER (apacity):	6. BIOLOGICAL T	REATMENT 6.	INCINERATION
•	Γ	1	7. WASTE OIL RE	PROCESSING 7.	UNDERGROUND INJECTION
			8. SOLVENT REC	OVERY 8.	OTHER (specify):
			9. OTHER (specify	r):	•
		V. WASTE RELAT	TED INFORMATION		
A. WASTE TYPE	-	V. 11/2012 1122/11			
1. UNKNOWN [2. LIQUID]3. SOLID4. 5	SLUDGE	5. GAS	
10. OTHER (speci	fy):	8. INERT	FLAMMABLE		
1. Are records of was	tes available? Specify	tems such as manifests, i	nventories, etc. below	•	
2. Estimate the am	ount(specify unit of m	easure) of waste by cate	egory: mark 'X' to is	dicate which wast	es are present.
a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLID	
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMCUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEAS	URE UNIT OF MEASURE
		<u>.]</u>			
(1) PAINT, PIGMENTS	(1) OILY WASTES	(1) HALOGENATED	(1) ACIDS	(1) FLYASH	(1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify): (2) NON-HALOGNTE SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTO	S (2) HOSPITAL
(3) POTW		(3) OTHER (epocify):	(9) CAUSTICS	(3) MILLING MINE TA	
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS	S (4) MUNICIPAL
(5) OTHER(specify)	:		(8) DYES/INKS	(8) NON-FER	ROUS (8) OTHER (epecify)
			(6) CYANIDE	(6) OTHER(8	pecify):
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		

EPA Form T2070-2 (10-79)

(10) METALS

(11) OTHER (epecify)

_						
V.	WASTE	REL	ATED	INFORM	MOTTAL	(continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hexard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

		VI. HAZ	ARD DESCRIPTION	ON
A. TYPE OF HAZARD	B. POTEN- TIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD			%\$ # 3 # \$%*\$	
2. HUMAN HEALTH		ļ. 		
3. NON-WORKER INJURY/EXPOSURE	l.			
4. WORKER INJURY				
5. OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN	_			
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL			·	
11. CONTAMINATION OF AIR	·			
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL			·	
14. PROPERTY DAMAGE		1		
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS		:		
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTIES			1	
21. MIDNIGHT DUMPING				
2 2. OTHER (specify):				
		i		

Continued From Front			<u></u>
		VII. PERMIT INFO	RMATION
A. INDICATE ALL APPLI	CABLE PERMITS HELD F	BY THE SITE.	
		—	
1. NPDES PERMIT	Z. SPCC PLAN	3. STATE PERMIT	
4. AIR PERMITS	5. LOCAL PERMIT	=	
7. RCRA STORER	B. RCRA TREATER	9. RCRA DISPOSER	ł
10. OTHER (apocify)			
B. IN COMPLIANCE?): 		
1. YES	2. NO	3. UNKNOWN	
	_	_	
4. WITH RESPECT T	TO (list regulation name &	number):	
		VIII. PAST REGULATO	RY ACTIONS
A. NONE	B. YES (aummerize	below)	
-	TX. II	NSPECTION ACTIVITY	(nest or on-dains)
	&& T	131 COTTON NOTE	(page of directing)
A. NONE	B. YES (complete its	sms 1,2,3, & 4 below)	
	2. DATE O		
1. TYPE OF ACTIV	VITY PAST ACT (mo, day, &		4. DESCRIPTION
· · · · · · · · · · · · · · · · · · ·			
	X.	REMEDIAL ACTIVITY	(past or on-going)
A. NONE		ems 1, 2, 3, & 4 below)	
1. TYPE OF ACTIV		ION BY:	4. DESCRIPTION
	(mo., day, &	(EPA/State)	
			<u> </u>
	•		
			<u> </u>
NOTE: Based on the	e information in Sectio	see III through X fill	out the Preliminary Assessment (Section II)

information on the first page of this form.



POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION

SITE NUMBER (to be assigned by Hq)

10

310

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

	IDENTIFICATION			
A. SITE NAME		or other identifier)		
CHEVRON CHEMICAL CO. PASCO OMPOSA	L SIEC 1	E. ZIP CODE	HGHWA	'
C. CITY			i	
Pasco	WA	99301	FR	ANKLIN
G. OWNER/OPERATOR (if known)				-
1. NAME	•	N.,	2. TELE	PHONE NUMBER
SAME				·
H. TYPE OF OWNERSHIP	,			
1. FEDERAL 2. STATE 3. COUNTY 4.	MUNICIPAL 🔣 5	. PRIVATE6.	UNKHOWN	
1. SITE DESCRIPTION OFF-SITE DUPOJAL AT RESOURCE	escovery si:	re se	E Disf	WALSIFE FILE.
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, e	tc.)			K. DATE IDENTIFIED
ELKHARDT				(mo., day, & yr.)
ECCHARGO				NOV 79
L. PRINCIPAL STATE CONTACT				
1. NAME			1 -	PHONE NUMBER
JIM MARM WA DEPT. DI	- Ecoloby		1509	156-2926
II. PRELIMINARY ASSES	SMENT (complete	this section last)		
A. APPARENT SERIOUSNESS OF PROBLEM				
1. HIGH 2. MEDIUM 3. LOW 14. N	IONE5.	UNKNOWN		
1. NO ACTION NEEDED (no hazard) SEE FILE FOR RESOURCE RECOVER 3. SITE INSPECTION NEEDED A. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY:	b. WIL	DIATE SITE INSPENDATIVELY SCHED	BY:	·
C. PREPARER INFORMATION				
1. NAME	1 _	EPHONE NUMBER		3. DATE (mo., day, & yr.)
	1 _	EPHONE NUMBER	ð	
1. NAME N. THOMPON	1 _	_	ð	3. DATE (mo., day, & yr.)
1. NAME N. THOMPON	ZOC TE INFORMATION	R (epocity):	identa like	3. DATE (mo., day, & yr.)
A. SITE STATUS 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even it infre-	ZOC TE INFORMATION	R (epocity):	identa like	3. DATE (mo., day, & yr.) AUC YO "midnight dumping" where
A. SITE STATUS 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infre-quently.) B. IS GENERATOR ON SITE?	ZOC TE INFORMATION	R (specify): that include such inc	identa like	3. DATE (mo., day, & yr.) AUC YO "midnight dumping" where
A. SITE STATUS 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infre-quently.) B. IS GENERATOR ON SITE?	TE INFORMATION e	R (specify): that include such inc continuing use of the git SIC Code):	cidenta like o aite for wa	3. DATE (mo., day, & yr.) AUC YO "midnight dumping" where sate disposal has occurred.)
1. NAME N. THOMPSON III. SIT A. SITE STATUS 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing besis, even if infrequently.) B. IS GENERATOR ON SITE? 1. NO 2. YES (specify	TE INFORMATION The inf	R (specify): that include such incontinuing use of the	cidenta like o aite for wa	3. DATE (mo., day, & yr.) AUC YO "midnight dumping" where sate disposal has occurred.)
1. NAME N. IHOMPON III. SIT A. SITE STATUS 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infremquently.) B. IS GENERATOR ON SITE? 1. NO 2. YES (specify) C. AREA OF SITE (in acree) D. IF APPARENT SERIOR	TE INFORMATION The inf	R (specify): that include such inc continuing use of the git SIC Code):	cidenta like o aite for wa	3. DATE (mo., day, & yr.) AUC YO "midnight dumping" where sate disposal has occurred.)
1. NAME N. THOMPLON III. SIT A. SITE STATUS 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing besis, even if infrequently.) B. IS GENERATOR ON SITE? 1. NO 2. YES (specify) C. AREA OF SITE (in acres) D. IF APPARENT SERION.	TE INFORMATION The inf	R (specify): that include such inc continuing use of the git SIC Code):	cidenta like o aite for wa	3. DATE (mo., day, & yr.) AUC YO "midnight dumping" where sate disposal has occurred.)

Continued From Front IV. CHARACTERIZATION OF SITE ACTIVITY Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes. A. TRANSPORTER B. STORER C. TREATER D. DISPOSER 1. FILTRATION I. PILE 1. RAIL 1. LANDFILL 2. SHIP 2. SURFACE IMPOUNDMENT 2. INCINERATION 2. LANDFARM 3. BARGE 9. DRUMS 3. VOLUME REDUCTION 3. OPEN DUMP 4. TRUCK 4. TANK, ABOVE GROUND 4. RECYCLING/RECOVERY 4. SURFACE IMPOUNDMENT 5. PIPELINE 8. TANK, BELOW GROUND 5. CHEM./PHYS. TREATMENIT B. MIDNIGHT DUMPING 6. OTHER (specify): 6. OTHER (apecify): 6. BIOLOGICAL TREATMENT 6. INCINERATION 7. UNDERGROUND INJECTION 7. WASTE OIL REPROCESSING B. OTHER (apacily): 8. SOLVENT RECOVERY 9. OTHER (apecify): E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED V. WASTE RELATED INFORMATION A. WASTE TYPE 1. UNKNOWN 2. LIQUID 3. SOLID 4. SLUDGE 5. GAS B. WASTE CHARACTERISTICS 2. CORROSIVE 3. IGNITABLE 1. UNKNOWN 4 RADIOACTIVE 5 HIGHLY VOLATILE 6. TOXIC 7. REACTIVE 8. INERT 9. FLAMMABLE 10. OTHER (specify): C. WASTE CATEGORIES 1. Are records of wastes available? Specify items such as manifests, inventories, etc. below. 2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present. a. SLUDGE b. OIL c. SOLVENTS d. CHEMICALS e. SOLIDS f. OTHER AMOUNT AMOUNT AMOUNT AMOUNT AMCUNT THUOMA UNIT OF MEASURE X' (1) OIL Y (1) PAINT, PIGMENTS (1) HALOGENATED SOLVENTS ٠х, (1) LABORATORY Pharmaceut. (1) A CIDS (1) FLYASH (2) METALS SLUDGES (2) PICKLING LIQUORS (2) OTHER (apecify): (2) NON-HALOGNED SOLVENES (2) ASBESTOS (2) HOSPITAL (3) OTHER(specify): (3) MILLING/ MINE TAILINGS (S) POTW (3) CAUSTICS (3) RADIOACTIVE (4) A LUMINUM (4) FERROUS SMLTG. WASTES (4) PESTICIDES (4) MUNICIPAL SLUDGE (5) NON-FERROUS SMLTG. WASTES (5) OTHER(epecify): (5) QTHER(specify). (5) DYES/INKS (6) OTHER(specify): (6) CYANIDE (7) PHENOLS (8) HALOGENS (9) PCB

(10) METALS

(11) OTHER (specify)

v	WASTE	DEI ATE	DINFORMATION	4 (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hexard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

		VI. HAZ	ARD DESCRIPTION	
A. TYPE OF HAZARD	POTEN- TIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo.,day,yr.)	E. REMARKS
1. NO HAZARD			W#135.48	The second secon
2. HUMAN HEALTH	 			
3. NON-WORKER 1. INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION 5. OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA			·	
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL	·			
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE. 1. NPDES PERMIT 2. SPCC PLAN 3. STATE PERMIT(specify): 4. AIR PERMITS 5. LOCAL PERMIT 6. RCRA TRANSPORTER 7. RCRA STORER 8. RCRA TREATER 9. RCRA DISPOSER 10. OTHER (specify): B. IN COMPLIANCET 1. YES 2. NO 3. UNKNOWN 4. WITH RESPECT TO (list regulation name & number): VIII. PAST REGULATORY ACTIONS A. NONE B. YES (summarize below) IX. INSPECTION ACTIVITY (past or on-going) A. NONE B. YES (complete items 1,2,3, & 4 below) 1. TYPE OF ACTIVITY 2. DATE OF PAST ACTION (mon, day, 6, yr.) 3. PERFORMED (EPA/Siste) 4. DESCRIPTION	كالمساد والمسابقات التراسيات)	\
A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE. 1. NPDES PERMIT			VII. PERMIT IN	FORMATION
4. AIR PERMITS	A. INDICATE ALL APPLIC	ABLE PERMITS HEL		
4. AIR PERMITS 5. LOCAL PERMIT 6. RCRA TRANSPORTER 7. RCRA STORER 6. RCRA TREATER 9. RCRA DISPOSER 10. OTHER (epecity): B. IN COMPLIANCE? 1. YES 2. NO 3. UNKNOWN 4. WITH RESPECT TO (list regulation name & number): VIII. PAST REGULATORY ACTIONS A. NONE B. YES (summarize below) IX. INSPECTION ACTIVITY (past or on-going) 1. TYPE OF ACTIVITY PAST ACTION BY: 4. DESCRIPTION	1 NODES DEDMIT	2 SPCC PLAN	T 3. STATE DEDM	III (enecify):
7. RCRA STORER		_	=	
10. OTHER (apacity): B. IN COMPLIANCE? 2. NO 3. UNKNOWN 4. WITH RESPECT TO (list regulation name & number): VIII. PAST REGULATORY ACTIONS A. NONE B. YES (summarize below) IX. INSPECTION ACTIVITY (past or on-going) A. NONE B. YES (complete items 1,2,3, & 4 below) 1. TYPE OF ACTIVITY 2. DATE OF 3. PERFORMED 1. TYPE OF ACTIVITY PAST ACTION BY 4. DESCRIPTION		=	_	
B. IN COMPLIANCE? 1. YES 2. NO 3. UNKNOWN 4. WITH RESPECT TO (list regulation name & number): VIII. PAST REGULATORY ACTIONS A. NONE B. YES (summarize below) IX. INSPECTION ACTIVITY (past or on-going) A. NONE B. YES (complete items 1,2,3, & 4 below) 1. TYPE OF ACTIVITY PAST ACTION BY: 4. DESCRIPTION	/ /. HCRA STORER	. S. RCRA I REAL	ER 9. RCRA DISPOS	SEK
1. YES 2. NO 3. UNKNOWN 4. WITH RESPECT TO (list regulation name & number): VIII. PAST REGULATORY ACTIONS A. NONE B. YES (summarize below) IX. INSPECTION ACTIVITY (past or on-going) A. NONE B. YES (complete items 1,2,3, & 4 below) 1. TYPE OF ACTIVITY PAST ACTION BY: 4. DESCRIPTION	10. OTHER (apacity):			
A. WITH RESPECT TO (list regulation name & number): VIII. PAST REGULATORY ACTIONS A. NONE B. YES (summarize below) IX. INSPECTION ACTIVITY (past or on-going) A. NONE B. YES (complete items 1,2,3, & 4 below) 1. TYPE OF ACTIVITY PAST ACTION BY: 4. DESCRIPTION	B. IN COMPLIANCE?			
VIII. PAST REGULATORY ACTIONS A. NONE B. YES (summarize below) IX. INSPECTION ACTIVITY (past or on-going) A. NONE B. YES (complete items 1,2,3, & 4 below) 1. TYPE OF ACTIVITY PAST ACTION BY: 4. DESCRIPTION	1. YES	2. NO	3. UNKNOWN	·
A. NONE B. YES (summarize below) IX. INSPECTION ACTIVITY (past or on-going) A. NONE B. YES (complete items 1,2,3, & 4 below) 1. TYPE OF ACTIVITY PAST ACTION BY: 4. DESCRIPTION	4. WITH RESPECT TO) (list regulation name	& number):	
IX. INSPECTION ACTIVITY (past or on-going) A. NONE B. YES (complete items 1,2,3, & 4 below) 2. DATE OF 1. TYPE OF ACTIVITY PAST ACTION BY: 4. DESCRIPTION			VIII. PAST REGULAT	TORY ACTIONS
A. NONE B. YES (complete items 1,2,3, & 4 below) 2. DATE OF 1. TYPE OF ACTIVITY PAST ACTION BY: 4. DESCRIPTION	A. NONE	B. YES (summer	ize below)	
A. NONE B. YES (complete items 1,2,3, & 4 below) 2. DATE OF 3. PERFORMED 1. TYPE OF ACTIVITY PAST ACTION BY: 4. DESCRIPTION				
A. NONE B. YES (complete items 1,2,3, & 4 below) 2. DATE OF 3. PERFORMED BY: 4. DESCRIPTION				
A. NONE B. YES (complete items 1,2,3, & 4 below) 2. DATE OF 3. PERFORMED BY: 4. DESCRIPTION				
A. NONE B. YES (complete items 1,2,3, & 4 below) 2. DATE OF 3. PERFORMED BY: 4. DESCRIPTION		KI	. INSPECTION ACTIVIT	TY (past or on-going)
2. DATE OF 3. PERFORMED 4. DESCRIPTION BY: 4. DESCRIPTION				
1. TYPE OF ACTIVITY PAST ACTION BY: 4. DESCRIPTION	A. NONE			
(mo», day, & yr») (EPA/State)	1. TYPE OF ACTIVI	TY PAST A	CTION BY:	
		(mo-, da)	r. & yr.) (EPA/State)	
X. REMEDIAL ACTIVITY (past or on-going)			X. REMEDIAL ACTIVIT	TY (past or on-going)
A. NONE B. YES (complete items 1, 2, 3, & 4 below)	A. NONE	B. YES (complete	e items 1, 2, 3, & 4 below)	
2. DATE OF S. PERFORMED 1. TYPE OF ACTIVITY PAST ACTION BY: 4. DESCRIPTION		2. DAT	E OF 8. PERFORMED	
1. TYPE OF ACTIVITY PAST ACTION BY: 4. DESCRIPTION (mo., day, & yr.) (EPA/State)	1. TYPE OF ACTIV			
	1. TYPE OF ACTIV	(mo., da	y, & yr.) (EPA/State)	
	1. TYPE OF ACTIV	(mo., da	y, & yr.) (EPA/State)	
	1. TYPE OF ACTIV	(mos, da	y, & yr.) (EPA/State)	
	1. TYPE OF ACTIV	(mos, da	y, & yr.) (EPA/State)	

information on the first page of this form.

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II)

2	FPA

POTENTIAL HAZARDOUS WASTE SITE LOG

SITE NUMBER

310

				ا ال	,
NOTE: The initial identification of a potential a ation that an actual health or environmen Waste Site Enforcement and Response Sy	tal threat ex	ists. All identified sites will be a	ssessed un	der the EPA's	
Cheuron Chemical Co. Pa	sen Di	spose /site, of Kahl	tas h	lishury	
Pasco		C) A		99301	
This site I dentified by	"Ecka	landf Report"			
ITEM	DATE OF DETERMIN- ATION OR COMPLE- TION	RESPONSIBLE ORGANIZATION OR INDIVIDUAL (EPA, State, Cantractor, Other)	EN	N MAKING ITRY G FORM	DATE ENTERED ON LOG (mo,day,yr)
1. IDENTIFICATION OF POTENTIAL PROBLEM	7/77	EPA	P.L.W	heeler	11,127/29
2. PRELIMINARY ASSESSMENT	<u> </u>				
APPARENT SERIOUSNESS OF PROBLEM:	Ніен	MEDIUM: LOW NO	E UI	NKNOWN	1
3. SITE INSPECTION					
4. (check appropriate Item(a) below)					
. NO ACTION NEEDED					
b. INVESTIGATIVE ACTION NEEDED			<u> </u>		
C. REMEDIAL ACTION NEEDED			<u> </u>		
d ENFORCEMENT ACTION NEEDED					
5- EPA FINAL STRATEGY DETERMINATION (check appropriate item(a) below)	an springer				
a. NO ACTION NEEDED			↓		<u> </u>
b. REMEDIAL ACTION NEEDED	_ جنيدٍ ا	, , , , , , , , , , , , , , , , , , ,	 		
C. REMEDIAL ACTION NEEDED BUT,			 		
4 ENFORCEMENT ACTION NEEDED			┨		
(1) CASE DEVELOPMENT PLAN PREPARED			 		
(2) ENFORCEMENT CASE FILED OR ADMINISTRATIVE ORDER ISSUED	3				
6. STRATEGY COMPLETED					·

/		<i>/</i>		
SEPA POTENTIA	AL HAZARD	OUS WASTE SITE LOG	SITE NUMBER	
NOTE: The initial identification of a potential ation that an actual health or environme waste Site Enforcement and Response S	ntal threat ex	tists. All identified sites will be a	ssessed under the EPA'	
Resource Recovery	, ,	way 12, Post airp	F High SODE	tus
Pasco		WA	1 99.	
Summary of Potential or known problem Supfice tank sludge pond 1. liquid woste lageon. 2. pes	don st ficide	ta. On site three sludge disposal 3.	point, oil, soll	repose l
ITEM	DATE OF DETERMIN- ATION OR COMPLE- TION	RESPONSIBLE ORGANIZATION OR INDIVIDUAL (EPA, State, Contractor, Other)	PERSON MAKING ENTRY TO LOG FORM	DATE ENTERED ON LOG (mo,day,yr)
1. IDENTIFICATION OF POTENTIAL PROBLEM	7/79	EPA	P.L. Wheeler	///28/29
2. PRELIMINARY ASSESSMENT	8/79	FEA	P. C. Whater	11/23/27
APPARENT SERIOUSNESS OF PROBLEM:	П нібн	MEDIUM LOW NO	NE NUKHOMH	<u> </u>
3. SITE INSPECTION	7/79	EPA	P.L. Wharlen	11128/79
4. EPA TENTATIVE DISPOSITION (check appropriate item(s) below)				
a. NO ACTION NEEDED				<u> </u>
b. INVESTIGATIVE ACTION NEEDED			<u> </u>	ļ <u> </u>
c. REMEDIAL ACTION NEEDED			 	
d enforcement action needed				
5. Check appropriate item(s) below)			 	
a. NO ACTION NEEDED	J		<u> </u>	J
b. REMEDIAL ACTION NEEDED				
C- REMEDIAL ACTION NEEDED BUT,			<u> </u>	┨
d. ENFORCEMENT ACTION NEEDED				
(1) CASE DEVELOPMENT PLAN PREPARED			į I	

6. STRATEGY COMPLETED

(2) ENFORCEMENT CASE FILED OR ADMINISTRATIVE ORDER ISSUED

